

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395326	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: ZERBE SISTERS NURSING CENTER, INC. STATE LICENSE NUMBER: 260402		STREET ADDRESS, CITY, STATE, ZIP CODE: 2499 ZERBE ROAD NARVON, PA 17555			
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F 0000	INITIAL COMMENT	F 0000			
F 0760	Based on a Medicare/Medicaid Recertification survey, State Licensure survey and Civil Rights Compliance survey completed April 20, 2023 it was determined Zerbe Sisters Nursing Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health care portion of the survey process.	F 0760			
SS=G					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0760 SS=G	Continued from page 1 483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by:	F 0760	This POC does not constitute an admission of or agreement with the alleged facts and conclusions set forth on the survey report. It is prepared and executed solely as a means to continually improve quality of care and to comply with all applicable state and federal regulatory requirements. 1. Resident 230 returned to facility from hospital, care plan updated and successfully discharged to home upon achieving goals in the nursing center. Med Administration Audit Report supports no other residents identified as having been affected by cited deficient practice. 2. On 12/8/22, Pharmacy consultant audited four nurses med passes to ensure proper nursing med pass procedures were being followed in the facility. 12/9/22 DON provided	Completion Date: 06/06/2023 Status: APPROVED Date: 05/11/2023	

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F 0760 SS=G	Continued from page 2	F 0760	<p>education to licensed nurses on medication errors and managing distractions during administration.</p> <p>3. An electronic medication scanning system has been implemented and licensed nurses trained, which has added increased safety measures during the med pass to reduce risk for errors.</p> <p>4. All licensed nursing staff shall be educated on med pass policy and procedure, med errors and managing distractions during med pass. Any licensed nursing staff not educated within required timeframe shall be removed from the schedule until education is completed.</p> <p>5. Med pass audits shall be conducted once per week per shift for eight (8) weeks to ensure proper adherence to med pass policy and procedures is being followed. Audit results shall be reported in monthly QAPI meeting for review and recommendations.</p>		

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F 0760 SS=G	Continued from page 3	F 0760	6. Med Administration Audit Report shall be reviewed by DON/designee at least three times per week for twelve weeks, with results tracked and reported in monthly QAPI for review and recommendations.		

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F 0760 SS=G	<p>Continued from page 4</p> <p>Based upon review of facility policy and procedure, clinical records and documentation provided by the facility, it was determined that the facility failed to ensure residents were free from significant medication errors causing harm of hospitaization to one of eighteen residents reviewed (Resident 230).</p> <p>Findings include:</p> <p>Review of facility policy and procedure titled Medication Administration revealed "The individual administering medications verifies the resident's identity before giving the resident his/her medications. Methods of identifying the resident include checking identification band; checking photograph attached to medical records and if necessary, verifying resident identification with other facility personnel."</p> <p>Additional review of the Medication Administration policy revealed "The individual administering medication checks the label three (3) times to verify</p>	F 0760			

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F 0760 SS=G	Continued from page 5 the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication." Further review of the Medication Administration policy revealed "the following information is checked/verified for each resident prior to administering medications: a) allergies to medications; and (b) vital signs if necessary." Review of Resident 230's diagnosis list revealed diagnoses including acute respiratory failure with hypoxia, Chronic Kidney Disease (failure of the kidneys to function properly), and Congestive Heart Failure (excessive body/lung fluid caused by a weakened heart muscle). Review of Resident 230's allergy list included allergies to Baclofen (muscle relaxant) and Gabapentin (anti-seizure and nerve pain medication). Review of Resident 230's clinical progress notes	F 0760			

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F 0760 SS=G	Continued from page 6 dated December 7, 2022, revealed "[nurse practitioner] made aware of med error, patient was given another patient's medication. Gabapentin which causes patient to hallucinate and Baclofen which causes restless leg syndrome and insomnia in patient. New verbal order received and noted. RP [representative] needs to be made aware 12/8/2022. Neuro checks time 72 hours." Further review of Resident 230's clinical progress notes dated December 8, 2022, revealed "This RN [Registered Nurse] and DON [Director Of Nursing] assessed [resident] this morning. [resident] was laying in her bed appeared to be sleeping, attempts made to arouse her via verbal and tactile stimuli. She was unresponsive, blood sugar 108, BP [blood pressure] 111/59, HR [heart rate] 68, pulse ox [oxygen saturation in blood] 94% with periods of apnea. [nurse practitioner] notified order to start oxygen at 2 liters and transport to ED [emergency department] for further evaluation." Review of hospital documentation dated December	F 0760			

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F 0760 SS=G	Continued from page 7 8, 2022, revealed resident "presented to the hospital with altered mental status after being administered Gabapentin 400 mg [milligram], Baclofen 20 mg and Melatonin 9 mg and found to be unresponsive this morning and had to be intubated for airway protection." Review of hospital history and physical documentation dated December 8, 2022, revealed "given wrong medications at SNF [skilled nursing facility], became obtunded [reduced level of alertness or consciousness], intubated December 8, 2022, extubated December 9, 2022." Review of hospital admitting diagnosis dated December 8, 2022, revealed "acute hypoxemic respiratory failure." Review of Resident 230's clinical record revealed that Resident 230 was readmitted to the facility on December 21, 2022. Review of facility documentation dated December	F 0760			

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F 0760 SS=G	Continued from page 8 7, 2022, revealed "[nurse] gave [resident] another resident's medication. [Resident] has allergy to baclofen and gabapentin." Interview with the Nursing Home Administrator and Director of Nursing on April 20, 2022, revealed that Resident 230 was administered another resident's medication on December 7, 2022, which resulted in Resident 230 becoming unresponsive and being transferred to an acute care facility. The facility failed to ensure residents were free from significant medication errors causing hospitalization, intubation and harm to Resident 230. 28 Pa. Code 211.12(c)(d)(1)(3) Nursing Services Previously cited 5/12/2022	F 0760			

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Certified End Page

ZERBE SISTERS NURSING CENTER, INC.

STATE LICENSE NUMBER: 260402

SURVEY EXIT DATE: 04/20/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY